



FLOTTWELL BERLIN

Hotel & Residenz am Park

Credit Card Authorization Form

Complete home address _____

Responsible contact person _____ E-Mail _____

Guest name(s): Mr./Mrs. _____

Mr./Mrs. _____

Mr./Mrs. _____

Reservation number(s): _____

Period of stay: from _____ to _____

MasterCard Visa American Express

Credit card number: ____/____/____/____ Exp.: ____/____ (Month/Year)

Name of card holder: _____ Security no.: _____

(Name of booker and card holder need to match)

I declare myself ready to cover the costs incurred in the event of property damage, late cancellation, no-show or early departure in accordance with the booking conditions of FLOTTWELL BERLIN.

With my signature, I accept and confirm this credit card authorization under the above mentioned conditions in accordance with the General Terms and Conditions of Flottwell Residenz Berlin Betriebs GmbH & Co.KG.

Place / Date

Name / Signature